

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00504530		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report			<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		
			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2016</div> </div>		

Full Name of Payee Whatman Associates			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2016		
Mailing Address 6650 Stoffer Rd			Amount 151300.00		
City Bellville	State OH	Zip Code 44813	Transaction ID : 001		
Purpose of Expenditure Canvassing		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016		
Name of Federal Candidate Zeldin, Lee, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 151663.33			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Whatman Associates			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2016		
Mailing Address 6650 Stoffer Rd			Amount 151300.00		
City Bellville	State OH	Zip Code 44813	Transaction ID : 002		
Purpose of Expenditure Canvassing		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016		
Name of Federal Candidate Throne-Holst, Anna, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 302963.33			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	302600.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	302600.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2016